

February 28, 1969

Mrs. Clara G. Schiffer
Program Analyst
Division of Health Services
Department of Health, Education, and Welfare
Children's Bureau
Washington, D.C. 20201

Dear Mrs. Schiffer:

Thank you very much for your letter of February 24th. I realize that the sentence you quoted conveys an impression which is both incorrect and unintended on my part, namely that lead paint is no longer a hazard. In fact as the article was originally drafted I had intended to point out the accumulative burden of exposure to lead from old paint and the atmospheric load which is, of course, far above average in urban centers. This was, however, set aside under pressure of space.

I am grateful to you for the specific information on lead as an urban contaminant and I have to tell you that many of my medical colleagues are equally in need of such reminders. The San Francisco area, I might guess (or is it just a myth?) may be relatively free of this burden since so much of its housing is relatively new. In any rate I did find a real discrepancy in the points of view expressed in several pediatric text books as compared to comments from some of my colleagues. It might help if some experts on pediatric lead poisoning were to write editorials in the various journals.

Done
I have also mentioned this subject to a task force on urban health being organized by Dr. George Silver under the auspices of the urban coalition. I would urge you to send him all relevant material for consideration by that task force.

Then finally if there is any other technical information on lead as environmental hazard that you can dig out for me from HEW sources I would be grateful for it. In general I would be inclined to be even more alarmed about the possibility of chronic unrecognized damage to large numbers of children than about the more isolated spectacular examples of acute encephalopathy.

Sincerely yours,

Joshua Lederberg
Professor of Genetics

P.S. Just glancing over the note by Dr. Jacobziner I have to wonder whether his assertion is justified that racial differences in incidence do not include genetic factors. It is precisely in the carrier states for Sickle cell anemia

and for G6PD-defect, which are much more numerous in the negro population, that I would expect to find an idiosyncratic sensitivity to lead. If you are aware of any research on this point I would be particularly interested.